

(ALBI-283) ALBION CORRECTIONAL

DT01

EDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
RAZOLAM (XANAX) 1MG TAB (E 1 TABLET(S) BY MOUTH 3 TIMES DAILY AS ORDERED FOR 60 DAYS 90d. 11-19-01 2163023 LINDEMUTH, PSYCH. ANGELA, PY RT - 02/25/2001 7/12 STOP - 11/21/2001		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
LEPIN (SINEQUAN-ADAPIN) 50MG CAP (E 1 CAPSULE(S) BY MOUTH AT BEDTIME FOR DAYS 90d. 11-19-01 2163027 LINDEMUTH, PSYCH. ANGELA, PY RT - 02/25/2001 7/12 STOP - 11/21/2001		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Tolnate 14. cr. apply 630 10/25 x30d		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
Motrin 600mg po QID PRN 10/25 x30d		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
		1	2	3	4	5																										

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

THROUGH

11/30/2001

Telephone No.

Medical Record No

Physician

Alt. Telephone

NO KNOWN DRUG ALLERGY

Rehabilitative Potential

agnosis

Indicoid Number

Medicare Number

Complete Entries Checked

(ALBI-283) ALBION CORRECTIONAL.

701

[illegible]

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

HARTING FOR	10/01/2001	THROUGH	10/31/2001	Medical Record No.
Physician	LINDEMUTH, PSYCH, ANGELA	Telephone No.		
Ref. Physician		Alt. telephone		
Allergies	NO KNOWN DRUG ALLERGY	Rehabilitative Potential		

diagnosis

Medicaid Number

Medicare Number

Complete Entries Checked

Data

(ALBI-283) ALBION CORRECTIONAL

[illegible]

Xanax 1mg po BID
48 1m Xanax

Thyroxin 80mg p.c.
TLD. e. f. ad m.
Moderate pain x 7 d

Xanax 1mg
PO TID PRN
21 x600

MEDICATIONS																																							
NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE																																							
ORDERING FOR <u>09/01/2001</u> THROUGH <u>09/30/2001</u>																																							
Physician <u>BESNER, PSYCH, LANCE</u>																				Telephone No. _____										Medical Record No. _____									
Att. Physician _____																				Alt. Telephone _____																			
Allergies <u>NO KNOWN DRUG ALLERGY</u>																				Rehabilitative Potential _____																			
Diagnosis _____																																							
Medicaid Number _____										Medicare Number _____										Complete Entries Checked _____																			
										By: _____										Title _____										Date _____									
										PATIENT CODE _____										ROOM NO _____										BED _____ FACILITY _____									

Data:

EXHIBIT B

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

TYRONE GREEN, PA,	:	CA. No. 03-149 Erie
	:	
Plaintiff,	:	
	:	District Judge McLaughlin
vs.	:	
	:	Magistrate Judge Baxter
MARTIN HORN, ET AL.	:	
	:	
Defendant.	:	

AFFIDAVIT OF DAN TELEGA

COMMONWEALTH OF PENNSYLVANIA)
) SS:
COUNTY OF ERIE)

AND NOW, this 5th day of December, 2005, the undersigned, Dan Telega, Physician's Assistant, personally appeared before me and deposes and says:

1. I, Dan Telega, am a physician's assistant licensed to practice in the Commonwealth of Pennsylvania. I am employed by Prison Health Services, Incorporated at the State Correctional Institution at Albion ("SCI-Albion").

2. The information contained in this Affidavit is true and correct and is based upon my personal knowledge.

3. I understand that a lawsuit has been filed by Tyrone Green, who claims that he was denied medical treatment for an injury to his right hand while he was incarcerated at SCI-Albion.

4. I have provided treatment to Mr. Green with respect to the injury to his right hand.

5. In addition, I have reviewed Mr. Green's medical records from the Pennsylvania Department of Corrections and Millcreek Community Hospital, which are attached to this Affidavit.

6. On August 27, 2001, I saw Mr. Green along with Dr. Mark Baker.

7. On August 27, 2001, Dr. Baker ordered Mr. Green to be sent to Millcreek Community Hospital for an orthopedic consultation via state car. (See Physician's Orders, 8/27/01). I entered Dr. Baker's Physician's Order dated August 27, 2001 that appears in the Physician's Orders section of Mr. Green's medical chart from SCI-Albion. Dr. Mark Baker co-signed the August 27, 2001 Physician's Order, which correctly reflects his order that Mr. Green be sent to Millcreek Community Hospital for an orthopedic consultation.

8. In addition to the August 27, 2001 Physician's Order, I also entered as August 27, 2001 Progress Note which included an entry that Mr. Green would be sent "to MCH [Millcreek Community Hospital] via state car for casting. Security to be notified.. "

9. My August 27, 2001 entry in the Progress Notes does not accurately reflect the treatment plan for Mr. Green's right hand injury and does not accurately reflect the August 27, 2001 order that appears in the Physician's Orders.

10. Notwithstanding my notation in the Progress Note of August 27, 2001, at no time had either I, Dr. Mark Baker, or any other medical personnel ordered a cast to be placed on Mr. Green's hand, nor did I or any other medical personnel find that a cast was medically necessary or appropriate

11. Further, at no time was an order issued to have Mr. Green's hand placed in a cast. Rather, Dr. Baker's order was only that Mr. Green be transported to Millcreek Community Hospital for orthopedic consultation.

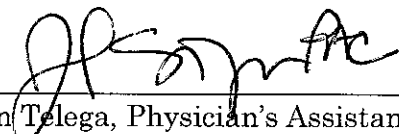
12. At no time did I or any other medical personnel at SCI-Albion confiscate or discontinue Mr. Green's splint and sling.

13. On October 12, 2001, Dr. Ferretti ordered that Mr. Green's splint and sling be removed. (See Consultation Record, 10/12/01; see also X-ray Report 10/13/01 and Progress Notes, 10/12/01). Dr. Ferretti determined that a splint and sling were no longer medically necessary or appropriate to treat Mr. Green's right hand injury.

14. At no time did I tell Mr. Green that he did not get transported to Millcreek Community Hospital because Mr. Green is black, a convict, or gay.

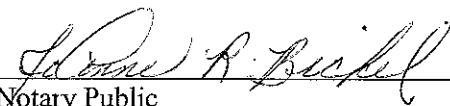
15. I am not aware of any physician having ever ordered a cast to be placed on Mr. Green's right hand to treat the August 25, 2001 injury. In my opinion, a cast was neither necessary nor appropriate given the nature of the injury and Mr. Green's complaints.

16. At no time did I or any other medical provider associated with the treatment of Mr. Greens' August 25, 2001 injury act with deliberate indifference to any serious medical need of Mr. Green.


Dan Telega, Physician's Assistant

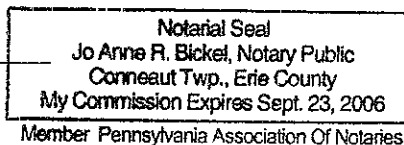
Subscribed and sworn to before me this

5th day of December, 2005.


Notary Public

My Commission Expires:

Sept 23, 2006





Millcreek
Community
Hospital

EMERGENCY ROOM / OUTPATIENT

MEDICAL RECORDS

AUTHORIZATION ON REVERSE SIDE PAT # 1055553 HOUSE PHYSICIAN: FRERIE, PAUL, D.O.

LAST NAME GREEN, TYRONE		FIRST NAME TYRONE		MIDDLE NAME		HOME PHONE 756-9722	DATE AND TIME 082701 01:17pm		EMERGENCY ROOM NO. 139918	
ADDRESS 10745 RT 18		CITY ALBION		STATE PA 16475		AGE 31	DATE OF BIRTH 01/23/70	SEX M	RACE S	RELIGION B
PATIENT'S EMPLOYER UNEMPLOYED		GUARANTOR'S EMPLOYER UNEMPLOYED		GUARANTOR/NEAREST RELATIVE ALBION STATE PRISON GUARDIAN		ADDRESS 10745 RT 8 ALBION, PA 16401		PHONE 756-9772		COMPENSATION N
SUB NAME & REL TO PATIENT		CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)		GROUP NAME - NO.		F.C.		INS. CODE		
SUB NAME & REL TO PATIENT		CLAIM - CERTIFICATE - I.D. NO. (H.I.C.)		GROUP NAME - NO.		F.C.		INS. CODE		
EMERGENCY ROOM <input checked="" type="checkbox"/>		OUTPATIENT <input type="checkbox"/>		FAMILY PHYSICIAN BAKER, MARK D., D.O.		BROUGHT BY AMBULATORY				
BRIEF HISTORY: CHIEF COMPLAINT: (IF ACCIDENT, STATE WHEN, WHERE, AND HOW INJURED) ing to RT hand 7:05 9/5/01 4 slipped coming out of shower & sustained										
ALLERGIES NKA LAST TETANUS TOXOID: 815.02 835.9 834.7 93.53 (29125) RT 706										
MEDICATIONS XRAY Sequence NOTIFIED: C-706										
NURSE'S SIGNATURE: [Signature] CONDITION ON ADMISSION:										
PHYSICIAN'S REPORT TIME EXAMINED: 31:40 RHD M, prisoner, fell 2 d ago + prison.										
PHYSICAL FINDINGS: Pain + swelling (Rt) hand. Xray taken in prison (R) fx (Rt) ring finger MC + amputation base small f. MC.										
PE: (Rt) hand swelling / painful										
Moves digits										
(+) capillary refill										
PHYSICIAN'S ORDER: (+) N/A										
Xray: reviewed, as above										
Imp: OFx / displaced (Rt) ring finger prox MC										
(2) Avulsion fx (Rt) small finger MC base										
TREATMENT/PROCEDURES										
Volar gutter splint										
Sling										
F/U app. 9/5/01 @ 14:15										
2 Bunkley										
DIAGNOSIS:										
RX GIVEN:										
REFERRED TO:										
<input type="checkbox"/> ADMIT <input type="checkbox"/> DR. OFF <input type="checkbox"/> TRANSFER <input type="checkbox"/> HOME <input type="checkbox"/> EXPIRED										
CONDITION ON DISCHARGE:										
FURTHER DISPOSITION										
ATTENDING PHYSICIAN										
DATE 8-27-01 TIME 1545 AM										
DATE 8-27-01 TIME 1545 PM										

0000003

CONSENT FORM**MILLCREEK COMMUNITY HOSPITAL, 5515 PEACH STREET, ERIE, PA 16509**

CONSENT TO HOSPITAL CARE: THE UNDERSIGNED PATIENT PRESENTS HERSELF/HIMSELF FOR ADMISSION TO MILLCREEK COMMUNITY HOSPITAL ("HOSPITAL") OR EMERGENCY/OUTPATIENT CARE AND VOLUNTARILY CONSENTS TO THE RENDERING OF SUCH CARE, INCLUDING DIAGNOSTIC PROCEDURES AND MEDICAL TREATMENT, BY AUTHORIZED AGENTS AND EMPLOYEES OF THE HOSPITAL AND BY ITS MEDICAL STAFF, OR THEIR DESIGNEES. THE UNDERSIGNED PATIENT ACKNOWLEDGES THAT NO GUARANTEES HAVE BEEN MADE AS TO THE EFFECT OF SUCH EXAMINATIONS OR TREATMENT ON MY CONDITION. DIAGNOSIS AND TREATMENT MAY, AT TIMES, INVOLVE DISCOMFORTS AND RISK OF INJURY. EACH PATIENT HAS THE RIGHT TO CONSENT TO, OR TO REFUSE, ANY PROPOSED PROCEDURE OR THERAPEUTIC COURSE. THE PATIENT'S HOSPITAL CARE IS DIRECTED BY HIS/HER ATTENDING PHYSICIAN. SINCE THE HOSPITAL IS A TEACHING HOSPITAL, PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS IN TRAINING MAY ATTEND PATIENTS OR BE PRESENT DURING PATIENT CARE AS PART OF THEIR EDUCATION.

RELEASE OF INFORMATION: THE HOSPITAL MAY DISCLOSE PATIENT INFORMATION IT DEEMS APPROPRIATE TO ANY PERSONS OR CORPORATION WHICH IS OR MAY BE LIABLE UNDER A CONTRACT TO THE HOSPITAL OR TO THE PATIENT OR TO A FAMILY MEMBER OR EMPLOYER OF THE PATIENT FOR ALL OR PART OF THE HOSPITAL'S CHARGE. AT THE REQUEST OF THE PATIENT'S INSURANCE COMPANY OR OTHER PERSON OR COMPANY UNDER CONTRACT TO PAY ALL OR PART OF THE HOSPITAL'S CHARGES, THE MEDICAL RECORD WILL BE CONFIDENTIALLY REVIEWED BY PHYSICIANS OR THE DESIGNEES TO DETERMINE THE NEED FOR HOSPITALIZATION. PAYMENT BY THE INSURANCE COMPANY, OR OTHER PERSON UNDER OBLIGATION BY CONTRACT TO MAKE PAYMENT, MAY NOT BE MADE IF NO NEED FOR HOSPITALIZATION IS FOUND.

HOSPITAL ADMISSION: SHOULD A SURGICAL PROCEDURE BE PERFORMED ON AN ELECTIVE, EMERGENCY, OR OUTPATIENT BASIS, THE UNDERSIGNED PATIENT UNDERSTANDS THAT ADMISSION TO THE HOSPITAL AS AN INPATIENT FOLLOWING THIS PROCEDURE MAY IN SOME CIRCUMSTANCES BE DEEMED APPROPRIATE FOR OPTIMAL RECOVERY. IN THAT EVENT, THE UNDERSIGNED PATIENT AUTHORIZES THE HOSPITAL, ITS REPRESENTATIVES AND DESIGNATED PHYSICIANS, TO MAKE THAT DETERMINATION BASED ON THEIR BEST PROFESSIONAL JUDGMENT AND TO ADMIT THE UNDERSIGNED PATIENT TO THE HOSPITAL.

THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS READ THE FOREGOING CONSENT OR THAT THE FOREGOING CONSENT HAS BEEN READ TO HIM OR HER IN HIS PRIMARY LANGUAGE AND HAS BEEN EXPLAINED, AND THAT THE UNDERSIGNED IS SATISFIED THAT HE/SHE UNDERSTANDS THE CONTENT AND SIGNIFICANCE OF THE FOREGOING.

(X) [Signature]
(PATIENT SIGNATURE)

X08-27-01
(DATE)

____ AM / PM
TIME(CIRCLE ONE)

[Signature]
(WITNESS)

BECAUSE THE PATIENT IS AN UNEMANCIPATED MINOR OR IS UNABLE TO SIGN, THE ABOVE CONSENT IS GIVEN ON THE PATIENT'S BEHALF BY THE UNDERSIGNED.

(WITNESS)

X
(CLOSEST RELATIVE OR LEGAL GUARDIAN)

(DATE)

TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

RESPONSIBILITY FOR DISCHARGE: I AM VOLUNTARILY LEAVING AND SIGNING OUT FROM THE MILLCREEK COMMUNITY HOSPITAL AGAINST THE ADVICE OF MY PHYSICIAN AND/OR THE MEDICAL STAFF. IN DEMANDING THIS DISCHARGE, I HEREBY RELEASE MY PHYSICIAN, THE HOSPITAL, AND ITS STAFF FROM ANY AND ALL RESPONSIBILITY.

(WITNESS)

(PATIENT SIGNATURE)

(DATE)

____ AM / PM
TIME(CIRCLE ONE)

I, _____, am taking, _____ from the Millcreek Community Hospital against the advice of his/her physician and/or the Medical Staff. In demanding this discharge, I hereby release his/her physician, the Hospital, and its staff from any and all responsibility for the care, treatment, or condition of the above named patient.

(WITNESS)

(SIGNATURE)

(DATE)

____ AM / PM
TIME(CIRCLE ONE)

(RELATIONSHIP TO PATIENT)

FORM 1110

00000004



5515 Peach Street • Erie, PA 16509 • 814/864-4031

Millcreek Community Hospital

Dear Patient:

As you are admitted to the hospital (In-patient, Out-patient surgery, or Emergency Room), Federal Law now requires us to ask you whether or not you have a written document called an "Advance Directive". This document can be a "Living Will" or "Durable Power of Attorney" which states your wishes for medical treatment should you become unable to participate in your medical care.

The brochure given to you on an inpatient admission better explains what Advance Directives are and how you are given the opportunity to complete an Advance Directive statement, should you so desire to.

You are not obligated to complete an Advance Directive statement. If you would like further information, please inform hospital personnel during your admission process. Someone from the Social Services Department or Nursing will be happy to see you.

We appreciate your comments and interest in this area. Please sign the statement below as requested. Thank you!

INFORMATION ON ADVANCE DIRECTIVES WAS PRESENTED TO ME AS STATED ABOVE:

- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE DOCUMENT WITH ME AT THIS TIME.
- ☐ I "DO" HAVE AN ADVANCE DIRECTIVE, BUT IT IS NOT WITH ME AT THIS TIME.
- ☒ I "DO NOT" HAVE AN ADVANCE DIRECTIVE DOCUMENT AT THIS TIME.
- ☐ I WOULD LIKE FURTHER INFORMATION ON COMPLETING AN ADVANCE DIRECTIVE AT THIS TIME.

[Signature] 08-27-01
(PATIENT SIGNATURE) (DATE)

Providing total health care since 1950

FORM 1140

00000005

Name TYRONE GREEN

MILLCREEK COMMUNITY HOSPITAL

Date 8/27/01

5515 Peach Street

Erie, PA 16509

ORIHOPEDIC INSTRUCTIONS

- (☒) Keep your cast/dressings clean and dry.
- (☒) Do not put anything inside your cast/dressings.
- (☐) Keep affected area elevated above your heart on soft pillows and iced for 48 hours and any time swelling occurs.
- (☒) Check toes and fingers frequently for swelling.
- (☒) Move toes and fingers frequently to prevent swelling and stiffening.
- (☐) Do not bear weight for _____ hours on a walking cast.
- (☐) Always wear cast boot when bearing weight on walking cast.
- (☒) Wear arm sling _____
- (☐) Use your crutches as directed and always bring them to every appointment.
- (☐) Never trim or cut down the length of your cast by yourself.
- (☒) Call Millcreek Community Hospital at (864-4031) if:
- Pressure points or rubbing develops under your cast.
 - Your exposed body area (fingers or toes) becomes numb or cool.
 - Your cast softens, cracks, or breaks.
 - You experience a significant increase in pain.
- (☐) You have a prescription for _____ take _____
- (☐) You have a clinic appointment at the hospital at 14:15 AM/PM on 9/5/01
- (☐) Call _____ (864-4031) at 8 AM on _____ at Millcreek Community Hospital to set up an appointment for that day with your Attending Orthopedist to be seen at the Hospital.
- (☐) Call the office (864-5455) today for an appointment for _____
- (☐) Your Attending Orthopedist is : _____
- (☐) No school until _____
- (☐) May return to school _____
- (☐) No Gym until released by Attending Orthopedist _____
- (☐) No work until released by Attending Orthopedist _____
- (☐) May return to work _____
- (☐) ADDITIONAL INSTRUCTIONS

Post / Ice / elevate

Emergency Department Record

☐ Chart Complete

Time of Initial M.D./D.O. evaluation:

AM/PM Mode of arrival: ☐ Priv. Auto ☐ Ambulance ☐ Police

PMD:

CC:

Dictated ☐

Elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms

Bed Number:

HPI: Patient is a old with complaint of:

31 year old transferred from Albin State Correctional Facility - Hx of falling 2 days ago
x-comp at prison rental fracture

PMH: ☐ No serious illness ☐ Old chart reviewed (date): / / ☐ A-fib ☐ Appy. ☐ Asthma ☐ CABG ☐ CAD ☐ CHF
☐ Cholecyst. ☐ COPD ☐ CVA ☐ HTN ☐ Hyperchol. ☐ IDDM ☐ NIDDM ☐ MI ☐ PTCA ☐ Seizures ☐ TIA

LMP: / /

Tetanus: yrs.

Meds: ☐ None ☒ Agree with triage listChildhood immunizations: ☐ UTDAllergies: ☒ NKDAFH: ☐ No related family hx

SOC: Tobacco:

ETOH:

Drugs:

Marital (circle): S M W D Occup:

Neg.	See 11/1	REVIEW OF SYSTEMS (Circle Abnormals)	Neg.	See 11/1	REVIEW OF SYSTEMS (Circle Abnormals)
<input checked="" type="checkbox"/>		CONST: fever - chills - wt. loss - weakness	<input checked="" type="checkbox"/>		MUSC: new bone or joint pain - back problems
<input checked="" type="checkbox"/>		EYES: acuity change	<input checked="" type="checkbox"/>		INTEG: skin lesions - rash
<input checked="" type="checkbox"/>		ENMT: hearing loss - earache - nasal drainage - sore throat	<input checked="" type="checkbox"/>		NEURO: syncope - focal weakness - HA - seizure - dizziness
<input checked="" type="checkbox"/>		RESP: SOB - cough - sputum - wheezing	<input checked="" type="checkbox"/>		PSYCH: prior psych hx - depression - anxiety
<input checked="" type="checkbox"/>		CV: chest pain - palpitations - PND - orthopnea	<input checked="" type="checkbox"/>		ENDO: polyuria - polydipsia
<input checked="" type="checkbox"/>		GI: nausea - vomiting - diarrhea - pain - melena - hematochezia	<input checked="" type="checkbox"/>		HEME/LYMPH: bruising - adenopathy
<input checked="" type="checkbox"/>		GU: dysuria - urgency - frequency - nocturia	<input checked="" type="checkbox"/>		ALLERGIC/IMMUNO: urticaria - hayfever

ROS Details:

☐ All Other Systems Negative☐ Complete History Unobtainable Due to:

PHYSICAL EXAMINATION

☐ PE limited by acuity☐ See ED course for further PE

CONST: ☐ vitals nl, see triage T: 98.1 BP: 130 / 70 HR: 76 RR: 18
☒ well-developed, well nourished ☒ alert ☐ no distress ☐ GCS 15 ☐ non-toxic ☒ age-appropriate behavior

Abnl/Other:

EYES: ☐ lids, conjunctiva nl ☐ PERRL, irises nl ☐ discs & fundi nl

Abnl/Other:

ENMT: ☐ ext. ears, nose nl ☐ TM's, canals nl ☐ hearing grossly intact ☐ nasal exam nl ☐ lips, teeth, gums, palate nl ☐ oropharynx nl

Abnl/Other:

NECK: ☐ neck supple, symmetric, no masses ☐ thyroid nl ☐ no JVD ☐ neck nontender ☐ full ROM w/o pain

Abnl/Other:

RESP: ☒ respiratory effort nl ☐ clear to auscultation ☐ percussion nl ☐ palpation of chest nl ☐ chest symmetry & expansion nl

Abnl/Other:

CV: ☒ RRR; no murmur, gallop, rub Pulses: ☐ carotid nl ☐ abd. aorta nl ☐ femoral nl ☐ pedal nl ☐ no edema

Abnl/Other:

GI: ☐ no tenderness or mass ☐ liver & spleen nl ☐ no hernia ☐ rectal: no mass, HEME: ☐ +BS's ☐ nondistended ☐ no rebound/guarding

Abnl/Other:

GU: (male): ☐ scrotal contents nl ☐ penis nl ☐ prostate nl ☐ no CVA tenderness(female): ☐ ext. genitalia & vagina nl ☐ urethra nl ☐ bladder nl ☐ cervix nl ☐ uterus nl ☐ adnexa nl ☐ no CVA tenderness

Abnl/Other:

MUSC: Normal extremities: ☐ All ☐ RUE ☐ LUE ☐ RLE ☐ LLE ☐ back nl ☐ pelvis & hips nl ☐ gait & station nl ☐ digits & nails nl

Abnl/Other:

diffuse swelling @ hand capillary refills intact
 No neurological deficit

SKIN: ☐ inspection nl ☐ palpation nl ☐ well hydrated ☐ Wound recheck: healing without infection

Abnl/Other:

LYMPH: Normal nodes: ☐ cervical ☐ other:

Abnl/Other:

NEURO: ☐ CN II-XII intact ☐ DTR's symmetric ☐ sensory intact☐ motor strength nl ☐ straight leg raises neg.

Abnl/Other:

PSYCH: ☐ judgement/insight nl ☐ oriented x 3 ☐ memory nl ☐ mood nl☐ no delusions ☐ no hallucinations ☐ no suicidal/homicidal intentions

Abnl/C

ER-002 12/99

MEDICAL RECORDS

0000007

All studies interpreted by ED Physician unless otherwise noted

Cardiac monitor: <input type="checkbox"/> Normal sinus rhythm <input type="checkbox"/> Other: _____										
12 lead EKG: <input type="checkbox"/> NSR, no ischemic changes <input type="checkbox"/> Other: _____										
Pulse Ox.: _____ % on		<input type="checkbox"/> Normal <input type="checkbox"/> Low		Pulse Ox. 2: _____ % on		ABG: pH _____		pO2 _____ pCO2 _____ HCO3 _____		
Radiographs: _____						<input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist		<input type="checkbox"/> E.D. M.D./D.O. <input type="checkbox"/> Radiologist		
CBC: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: _____			CHEM: <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities: _____			PT _____ INR _____ PTT _____				
WBC _____			GLU _____			NA _____ ALB _____ LDH _____			DIG _____	
HGB _____ % Segs _____			BUN _____			K _____ SGOT _____ CK _____			TOX _____	
HCT _____ % Band _____			CR _____			CL _____ SGPT _____ MB _____			BLOOD ETOH _____	
PLT _____ % Lymphs _____						CO2 _____ ALK PH _____ MB % _____			OTHER: _____	
						CA _____ Bilirubin _____ Amyl _____				

UA:	Stool guaiac: Positive/Negative	Pregnancy: Positive/Negative
ED CODES, Procedures & Discussion:		UNSTABLE Critical care time: minutes

ED Course, Procedures & Discussion:

UNSTABLE Critical care time:

minutes

TIME

X-ray

⊕ for proximal metacarpals 4th digit

④ small correction $f(x)$ Mc base 5th digit

Time patient admitted to "Observation Status"

Case discussed with:

Time patient discharged from "Observation Status"

☐ Other procedures by MD: IV / IVP Dye / NG Tube / Bladder Cath / Blood Draw

PHYSICIAN ORDERS

TIME	LAB / X-RAY / EKG	NOTED TIME	INITIAL	TIME	MEDS / TREATMENTS	NOTED TIME	INITIAL
	<input type="checkbox"/> CBC <input type="checkbox"/> Met. Panel: (basic/comp.) <input type="checkbox"/> CXR (Port/2V) <input type="checkbox"/> EKG <input type="checkbox"/> UA (dip/lab) <input type="checkbox"/> CARDIAC PROFILE <input type="checkbox"/> PREGNANCY (serum/urine) <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> DIG. <input type="checkbox"/> URINE TOX. <input type="checkbox"/> Blood Alcohol <input type="checkbox"/> CT: <input type="checkbox"/> ULTRASOUND:				<input type="checkbox"/> IV: <input type="checkbox"/> Monitor <input type="checkbox"/> Pulse Oximetry <input type="checkbox"/> dt. .5cc IM		
	Orthopedic consult						

IMPRESSION: ① Displaced fx proximal metacarpal 4th digit (B hand)
② Small avulsion fx base 5th metacarpal (B hand)

DISPOSITION / AFTERCARE:

Physician Signature: _____

Follow-up with Ur(s):

in days

Meds:

☐ A.C. Sheets:

AUTHORIZATION

The patient was provided service & care as necessary to determine if an emergency medical condition existed. After appropriate care was provided to stabilize the patient's condition, the Healthcare Service Plan (HSP) was contacted to request payment authorization for post stabilization care. Initial telephone contact with HSP was made at _____ AM/PM. The case was discussed with _____

_____ (medical group) at _____ AM/PM by _____

ER staff member _____

CONDITION

☒ Improved ☒ Stable ☐ Unstable ☐ Critical

Payment for post stabilization care was:

☐ Authorized for:

AUTH #

 Not Authorized

The patient was:

☐ Discharged ☐ Admitted to:

☐ Unable to transfer to a stable condition.

☐ Transferred to:

0000008

A/BION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
		QUARTERS	FA
X-RAY NUMBER	D08 1-23-70	DATE OF X-RAY	8/27/01
		TECHNICIAN	LH
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION		DETAILS: <i>Full getting out of shower 8/25/01 landing on R hand. Pain swelling 4-5 MP area R/O FX</i>	
<i>Rt hand</i>		<i>BASHINE</i> PHYSICIAN	
REPORT	<p>R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly marginated prob. old fragment at lateral aspect base of 5th metacarpal.</p> <p>IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Soft tissue swelling noted. Probable old chip fx base of 5th metacarpal.</p> <p>HKS/dg 9/18/01</p> <p>Henry K. Smith, D.O.</p>		
DATE OF REPORT	<p>Dr. Mark Baker Medical Director</p>		

Diagnostic Stamp
 Practitioner *AMS*
 Date *9-9-01*
 Time *1600*
 A N **NCS**
 Abnormal Normal Not
 (Requires A) Clinically
 Radiologist Significant
 Soap Note

White—MEDICAL RECORD Canary—X-RAY FILE Pink—RADIOLOGIST FILE

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME GREEN, TYRONE	NUMBER EP4593	QUARTERS	
X-RAY NUMBER DOB 1-23-70	DATE OF X-RAY 9/21/01	TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:			
<p>Rt hand (through splint) Follow up of fx</p>			
PHYSICIAN BAKER			
REPORT	<p>R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended.</p> <p>IMPRESSION: <u>Anatomic alignment.</u></p>		
	<p>SS/dg 10/10/01 SS Sonja Schaffer, M.D.</p>		
DATE OF REPORT	<p>Dr. Mark Baker Medical Director</p>		
White—MEDICAL RECORD	Canary—X-RAY FILE	<p>RADIOLOGIST</p> <p>Soap Note) RADIOLOGIST FILE</p>	

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME GREEN, TYRONE	NUMBER EP4593	QUARTERS FA	
X-RAY NUMBER DOB 1-23-70	DATE OF X-RAY 8/27/01	TECHNICIAN LH	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:			
<p>Rt hand Full getting out of shower 8/25/01 landing on Rt hand. Pain swelling 4-5 MP area R/O FX</p>			
PHYSICIAN BASHINE			
REPORT	<p>R HAND 3v: There is fx deformities including base of 4th metacarpal of indeterminate age. Soft tissue swelling is seen and I cannot exclude acute injury. Smoothly margined prob. old fragment at lateral aspect base of 5th metacarpal.</p> <p>IMPRESSION: Fx base of 4th metacarpal of indeterminate age. Clinical correlation recommended. Swelling noted. Probable old chip fx base of 5th metacarpal.</p>		
	<p>RECEIVED Office of Attorney General DEC 12 2003</p> <p>HKS Henry K. Smith, D.O.</p>		
DATE OF REPORT	<p>WRO Litigation Section Dr. Mark Baker</p>		
	<p>RADIOLOGIST</p> <p>Soap Note) RADIOLOGIST FILE</p>		

ALBION

DC-456		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
X-RAY REPORT			
NAME	GREEN, TYRONE	NUMBER	EP4593
X-RAY NUMBER	DOB1-23-70	DATE OF X-RAY	9/21/01
		TECHNICIAN LH-	
<input type="checkbox"/> TREATMENT <input type="checkbox"/> EXAMINATION DETAILS:			
Rt hand (through splint) Follow-up of fx			
PHYSICIAN <u>BAKER</u>			
REPORT	R HAND 3v: Comparison w/ prior films 8/27/01. F/u exam through an immobilizing splint shows anatomic alignment of fx fragments at base of R 4th metacarpal. Partial widening of fx line is related to early healing. F/u recommended. IMPRESSION: <u>Anatomic alignment.</u>		
	SS/dg 10/10/01	SS Sonja Schaffer, M.D.	Bony Diagnostic Stamp Practitioner <u>AM</u> Date <u>10-11-01</u> Time <u>1340</u> A N NCS Abnormal Normal Not (Requires A Clinically ROENTGENOLOGIST Significant Soap Note)
DATE OF REPORT	Dr. Mark Baker Medical Director		
White—MEDICAL RECORD	Canary—X-RAY FILE	Pink—RADIOLOGIST FILE	

ALBION

X-RAY REPORT

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

NAME: GREEN, TYRONE		NUMBER: EP4593	QUARTERS: FA
RAY NUMBER: DOB 1-23-70	DATE OF X-RAY: 10/12/01	TECHNICIAN: LH	

☒ TREATMENT☐ EXAMINATION

DETAILS:

Rt hand

X-Ray done out of plant
per DR FERRELLI

PHYSICIAN: BAKER

REPORT: RIGHT HAND (3v): Compared to previous films from 9/21/01. There is progressive moderately advanced healed fractures of the base of the 4th and 5th metacarpals.

IMPRESSION: Moderately advanced healed fractures.

Henry K. Smith, D. O. A

Dr. Mark Baker

Medical Director

Canary-X-RAY FILE

Diagnostic Stamp		
Practitioner	(M)	
Date	12/6/01	
Time	14:00	
Abnormal	Normal	NCS
(Requires A	BOEINGENOLOGIST	Clinically
DC-472	Significant	
See Note	RADIOLOGIST FILE	

HKS/pjt
E OF REPORT 11/13/01

Write-MEDICAL RECORD